

MARYLAND MEDICAL JOURNAL

A WEEKLY JOURNAL OF
MEDICINE AND SURGERY

OF SCHULTZ BALTO

VOLUME XXXVI. NO. 21
WHOLE NO. 832

BALTIMORE, MARCH 6, 1897.

\$3.00 A YEAR
10 cts. A COPY

THIS JOURNAL IS ENTERED AT THE POSTOFFICE AT BALTIMORE, MARYLAND, AS SECOND-CLASS MATTER.

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BOOK REVIEWS.

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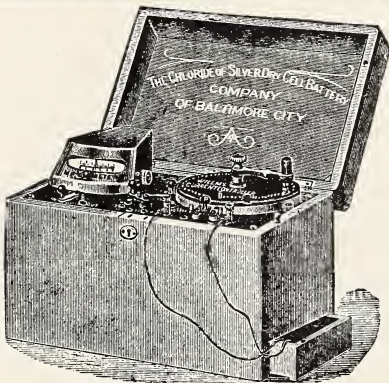
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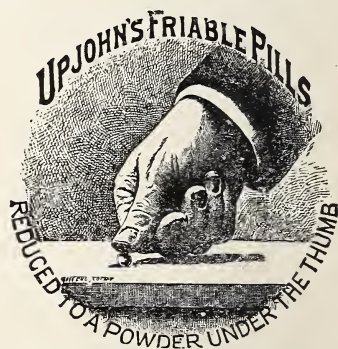
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VERSUS

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*Dr. E. C. LAIRD, Resident Physician,
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I have received the five collections of **Disintegrated Calculi**, each collection containing a number of fragments, and also the three boxes, each containing a single Calculus, mentioned in your letter as discharged by different patients while under treatment by the **BUFFALO LITHIA WATER, Spring No. 2.**

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One of the fragments taken at random from the collection marked "B" which was still more disintegrated than the preceding one, proved on analysis to be composed chiefly of **Urid Acid** and Ammonium Urate, with a trace of Calcium Oxalate.

The contents of the boxes marked "C" consisted chiefly of whitish Crystalline materials. On microscopic examination they exhibited well defined and prismatic crystals, characteristic of "Triple Phosphate." On chemical analysis they were found to consist of Magnesium and Ammonium Phosphate (triple phosphate), Calcium Phosphate, Calcium Carbonate a trace, Sodium and Potassium Salts in traces, Uric Acid and Urates none, Calcium Oxalate none, Organic debris in considerable quantity, and matters foreign to Calculi.

The fragments of Calculi in the collection marked "D" were numerous, and of sizes varying from small fragments to $\frac{7}{8}$ inches in length, $\frac{3}{16}$ inches in width and $\frac{1}{16}$ inches in thickness. Some of the fragments were white and others were gray in color. On chemical analysis they were found to consist partly of the variety known as "Fusible Calculus," Ammonium and Magnesium Phosphate with Calcium Phosphate also, Calcium Phosphate, Calcium Carbonate in traces, Calcium Oxalate in traces, Uric Acid in traces and Organic matter.

The Calculus in collection marked "E" were nodulated and nearly spherical in shape, consisting of Crystalline layers from $\frac{3}{8}$ to $\frac{1}{4}$ of an inch in diameter. They were of a brown color, and on analysis were found to be chiefly Uric Acid, with some Ammonium Urate and traces of Organic matter.

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Analyses F, G and H, omitted for lack of space.

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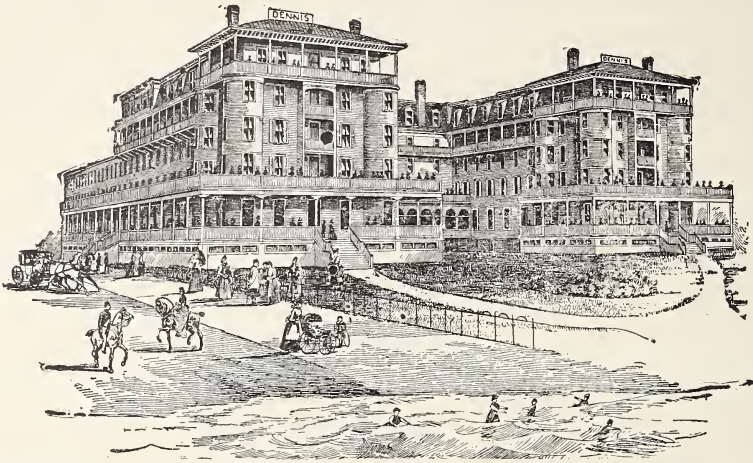
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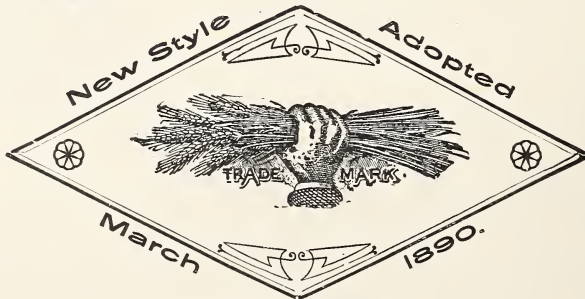
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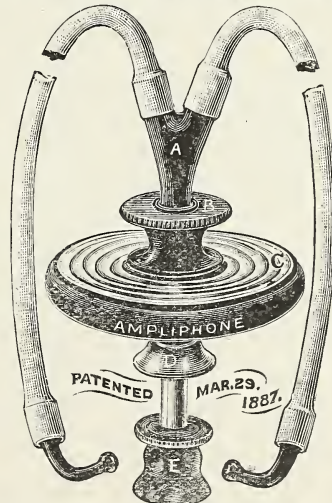
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MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVI.—No. 21. BALTIMORE, MARCH 6, 1897. WHOLE No. 832

Original Articles.

SHOULD PHYSICIANS BE PAID FOR RETURNS OF BIRTHS, DEATHS AND DISEASES?

READ BEFORE THE CONFERENCE OF HEALTH OFFICERS, HELD AT BALTIMORE, FEBRUARY 17 AND 18, 1897.

*By George H. Rohé, M. D.,
Baltimore.*

THE following considerations seem to me applicable in the discussion of this question:

Has the State, directly, or through the health department, the right to demand services from physicians without rendering compensation?

The right of the State to demand from any citizen certain services for the public good is inherent in what is comprehensively known as the "police power."

One phase of the exercise of this "police power" is the enactment of certain laws regulating the practice of medicine. In this State, for example, no person may practice medicine or surgery without passing an examination before an examining board appointed by the State. Persons found by the board incompetent are debarred from practicing this profession within the limits of the State. Some have held that the exercise of this power by the State was contrary to the letter or spirit of the Constitution, but courts have generally decided that this contention is not valid, and that the State, by virtue of the police power, can restrict the privilege of its citizens in this direction.

So, also, courts have held that under the authority of the same police power,

physicians can be compelled to report to the legally designated authorities the facts connected with deaths occurring within their observation. Similar decisions are on record relating to the reports of contagious or infectious diseases.

It may be assumed without argument that laws requiring the reports of diseases and deaths are for the public good. Conceding this, any citizen may be required to make such report. As physicians, by virtue of their professional knowledge, are the only persons who can give correct information, it is proper that the State should require them to make the report. Contrary to the opinion sometimes expressed, the State can demand such service without compensation. A Connecticut court has declared that "it is universally understood to be one of the implied and necessary conditions upon which men enter into society and form governments, that sacrifices must sometimes be required of individuals for the general benefit of the community, for which they have no rightful claim to specific compensation." (*Bradley vs. N. Y. & N. H. R. R. Co.*, 21 Conn., 306.)

It is conceded that the State has no right to take private property without

granting compensation, but it is doubtful whether a physician's knowledge or service in this particular would be considered as property. Indeed, courts are often disinclined to allow specific compensation for the special knowledge required of an expert called by the State in criminal cases.

The report of deaths and contagious diseases should be considered by the physician as a high public duty; one that he alone can satisfactorily perform, and for which he should scorn to ask or receive compensation.

Another aspect of the question of the report of contagious diseases is whether such report by the physician is a violation of professional confidence. Aside from the fact that State laws generally do not recognize the physician's knowledge gained in a case as a question of professional privilege, it seems to me that the principle does not apply here. The privilege to suppress knowledge of the existence of an epidemic disease which may, if not prevented, devastate a community, ought to be abridged. Suppose, for example, a case of bubonic plague, now raging in the East, were to succeed in evading quarantine, and come under the notice of a physician acting in his professional capacity in this city or State. Would any consid-

eration of professional secrecy justify him in suppressing the information, and thus subjecting the community, nay, the entire country, to the danger of infection by this pestilence?

And if the exotic plague can be reported without a violation of professional confidence, why not our domestic pestilences, scarlet fever, measles, diphtheria, whooping cough or typhoid fever? I believe the common sense of physicians will unhesitatingly reject the view that the report of contagious diseases is a violation of professional confidence.

There remains to consider the duty of physicians as reporters of births occurring under their care. The law in this and in a number of other cities requires them to make such reports. I am, and always have been, of the opinion that the law is unjust, and that it places a burden upon persons who should not bear it. The report of births and the calculation of the birth-rate of a community is not a medical or sanitary question at all. It is a question in demography. Let the parents of the child make the return to the bureau of vital statistics. The doctor, as well as the midwife, should be relieved of all responsibility in connection therewith.

CHLORALOSE.

CHLORALOSE is said to be a combination of chloral with glucose and is recommended as a safe hypnotic. Dr. James Tyson records his experience in the *University Medical Magazine* with it. In several instances it caused a kind of mania, in one case associated with great violence. He concluded that his doses were too large. He gave in one case five grains, which were repeated in a short interval without his permission.

From three to five grains he now considers the proper dose. It should be given preferably in solution, because the powder may lie undigested in the stomach, thus causing a repetition of the dose, and the first dose acting conjointly

may cause unfavorable results. It is readily soluble in hot water, but may better be taken dissolved in hot milk by those who can stand hot milk. It is best used in the simple insomnias and has been used with success in insane asylums. It acts, as a rule, promptly and the after-effects are usually not unpleasant.

* * *

AN INGENIOUS METHOD OF VAGINAL IRRIGATION.

THE *Medical Record* relates the case of an ingenious woman who, weary of wetting the bed in giving herself vaginal irrigations, hung a hammock in her bedroom, put a tub under the hammock, lay down and irrigated until the water gave out.

VITAL STATISTICS.

By Charles L. Mattfeldt, M. D.,
Catonsville, Md.

READ BEFORE THE CONFERENCE OF HEALTH OFFICERS, HELD AT BALTIMORE, FEBRUARY 17 AND 18, 1897.

My consideration of this subject is due to the absence of any means of collecting accurate vital or mortuary statistics from the counties of Maryland so as to enable the superintendent of vital statistics to collect and compile them as to make them of practical use. I consider nothing more important to a State or community than this. In Baltimore County we are not compelled to keep a record of births nor issue a death certificate unless the deceased is to be buried in one of the cemeteries in the limits of Baltimore City or unless death is due to contagious disease, in which case we are requested to send notice to the Secretary of the State Board of Health.

Under such a lax system how can the Superintendent of Statistics give any accurate information as to the prevalence of certain diseases in his community? Before going into details as to what I consider are the most important statistics and how, in my judgment, they can be collected, I wish to call your attention to the danger of not having suitable laws regulating the burial of bodies in the counties. I particularly wish to remark with what ease a body can be disposed of and to emphasize my remarks and bring them more clearly before you, will relate two suspicious cases which occurred in my county and which doubtless would have been investigated had they taken place in the city.

Some years ago a carriage stopped before the residence of a midwife and a woman was removed from it and carried into the house. A physician from Baltimore City visited her and in about one week she died and was buried, the utmost secrecy being maintained, no one knowing from what she died. The second case was an infant which died without medical attention, the parents reporting pneumonia. The body was

buried and nothing was thought of it as no burial permit was required. Some months later I was asked several pertinent questions by the mother of the child and from these drew deductions that the child had been smothered to death with a pillow. Several physicians of Baltimore City have alluded to this danger and were surprised that in the enlightened age in which we now live such a state of affairs should exist, especially in such close proximity to a large city.

Pardon me for this transgression and I now will proceed to consider what in my estimation are the most important statistics required for health purposes and how best to accomplish them.

1. The annual mortality, the causes of death and the mean ages at death.

These facts could be obtained by the adoption of a certificate of death similar to the one issued by the Health Department of Baltimore City (but of more convenient size, so as to enable one to carry it in the pocket, if necessary), making it the duty of the physician who attended the deceased during his or her last sickness, or the coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the undertaker or other persons superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, also duration of last sickness, and it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in the certificate the date and place of burial and having signed the same to forward it to the local health officer within twenty-four hours and that no interment of the dead body of any human being or disposition thereof in any

tomb, or vault, or cemetery, shall be made without a permit therefor, granted by said officers, and that said officers shall keep a record of such certificates and forward a copy of same every six months to the Registrar of Vital Statistics.

2. The births to population and the relative number of live and still-born children.

To accomplish this and also to make it more difficult to conceal cases of infanticide, it should be made compulsory on any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child in said county, to report to the local health officer, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity and residence of the parents. The local health officer should also keep a record of these facts and forward a copy of them every six months to the Registrar of Statistics.

The importance of registration of births no one will deny. These records could be used as evidence in legal disputes involving questions of birth as to time and circumstances, such as legitimacy or illegitimacy of children and right of suffrage because of age or nativity. In my own experience I have enabled several widows to receive pensions who would perhaps not have received them, or have been unnecessarily delayed by want of evidence as to death of husband and birth of minor children, my private record being taken as evidence in such cases, especially as to ages of minor children, and, in fact, no other existed, as in several of these cases the parties not being able to write and did not even keep a record of such facts in their family Bible, which, I believe, is the family record book in the counties.

3. The annual rate of increase of population. This is no doubt the most difficult of all to procure. The census of population in the counties being taken every ten years only, to arrive at the annual increase from this must of necessity be extremely difficult; to procure such returns annually would be

well-nigh impossible, owing to the great amount of money required to accomplish it, as we have no police force sufficiently large to take a census as is done in Baltimore.

4. The amount of sickness to population. To secure data showing prevalence of various diseases is quite a difficult task, unless it should be made compulsory on physicians to report them to the proper officers.

In 1895, Dr. James A. Steuart, the then Registrar of Vital Statistics, attempted this by issuing prepared postal cards accompanied by a circular letter requesting physicians to fill out the cards and forward them to him, but with what success you can best learn by perusing the report of the State Board of Health for that year.

My plan of accomplishing this would be for the State to furnish every physician with a prepared record book in which to keep a record of his cases, which I think he would do for his own personal edification, as well as for the benefit of the State at large, and that he be required to forward a copy of this record on prepared blanks every six months to the Registrar of Vital Statistics. If the foregoing could be accomplished, I think the Registrar could so tabulate what he received as to make them of some practical use; while not as complete as could be desired, still this would be far better than what we now have. I ask you to give this subject your earnest consideration and by requesting the next Legislature to enact such laws that will enable the Registrar to collect and tabulate these statistics in such form as to make them a source of information for those interested in the health and welfare of our State.

An accurate record of such statistics is a great aid to the hygienist, who can, by glancing at the records, determine the health of a town or its neighborhood, trace the fatality of epidemics, ascertain the proportion of deaths to the whole population and the efficiency of preventive measures, and I as one individual will do everything in my power to assist in bringing about these results.

PERSONAL AND DOMESTIC PROPHYLAXIS.

READ BEFORE THE CONFERENCE OF HEALTH OFFICERS, HELD AT BALTIMORE, FEBRUARY 17 AND 18, 1897.

By John D. Blake, M. D.,

Professor of Operative and Clinical Surgery, Baltimore Medical College.

PERSONAL and domestic prophylaxis presents such an enormous scope, and the time placed at my disposal to prepare for its proper discussion so short, that I almost shrink from the task imposed.

To properly treat so important a subject one should be a thoroughly equipped bacteriologist, a competent pathologist, a good sanitarian, a professional chemist, and a competent engineer. It goes without saying, therefore (as I do not pretend to claim any such equipment), that these subjects can only be very feebly treated by me on this occasion. What I shall say, therefore, will be along the line of personal experience, with practical suggestions as to the proper method of dealing with contagious diseases.

In the earlier days of hygiene when the cause of disease was less understood and the whole subject was in its infancy, it was thought a much more easy task to successfully deal with it than now. As bacteriological investigations go on, the more intricate and difficult does the subject become, and naturally so, because we find such a large per cent. of our cases which suffer from contagious diseases, so environed as to make the difficulties and obstacles which we find in our pathway to successful scientific treatment quite insurmountable.

The first obstacle, as a rule, with which we have to contend, is an uneducated and selfish laity. How often is it the case that we find it practically impossible to impress those having charge of contagious cases with the importance of isolation and disinfection. I am of the opinion that proper isolation and disinfection can never be successfully done in private practice until the laity is properly educated upon this point. To set out to accomplish this I

am convinced is not only our first and imperative duty, but a herculean task. You will doubtless say, "Yes, that is all so, but how shall we ever be able to accomplish such a desirable result?" My answer is, by precept, by example, and by law; and, I assure you, the last must not be the least.

How often is it the case that the physician on visiting a case finds the following condition of things to exist: A family composed of father, mother and four small children, in a tenement house, with but four rooms, parlor, kitchen and two bedrooms, at their disposal. Father at work, one child has diphtheria, the baby is still at the breast; the physician is informed that they are not able to employ a nurse, or even such assistance as would enable them to isolate the sick, and under no condition would they think of permitting their child to be taken from home to a hospital for contagious diseases, in the absence of a law compelling it to be done. Here is an environment, here is a picture, which I am sure is familiar to you all, and one which presents to the physician in charge such absolutely insurmountable difficulties that his heart fails him at once, and he says, I can only do the best I can, and what can he do; with the mother as nurse to the sick child, and nurse to the baby, cook, chambermaid, and last, but not least, disseminator of disease and death throughout the house and district in which she lives?

The difficulties in the way of isolation and disinfection here are so great, that the doctor only makes a faint effort at pretending to introduce, much less enforce, any such thing.

This should not be, and if the poor mother could be made to appreciate the fact that she was likely carrying around the house a concealed dagger, with

which she was putting to death one after the other of her loved ones, things might be vastly improved upon.

We should not only advise them, but insist on complete isolation. Parents have no more right to expose their own children to the contagion of disease, than they have to expose those of others to it, and I am sure there are none who would permit another to enter their home and mingle with their children under such circumstances, if they knew it.

The next most formidable obstacle which city physicians find in their way to isolation is the overcrowding in tenement houses and private families of large proportions, who are, by reason of poverty, forced to occupy small and unsanitary dwellings; it is here that the physician finds himself completely handicapped.

It may sound very strange to our rural members to hear that in cities especially, as Dr. Huntington says, we have unfortunately to deal with a civilization which overtasks and underpays wage-workers in order to add superfluous affluence and irresponsible power to the estates of the few; a civilization which helps a hundredth part of the population to own half of the property; a civilization which exposes innumerable women and children to moral ruin for a living, which drives pale, emaciated and rickety children daily from pestilential tenements to factories and stores; a civilization which countenances an owner of real estate who has pocketed millions of dollars by the rental of a dozen or more nests of misery and dens of vice five or six stories high; a civilization which lets thousands of children die within a year after they are born, in these cellars and garrets, without uttering a sound of indignation or regret; which robs the individual of his or her independence, enslaving them, by fear of want, to landlord and employer; this, truly, is not a civilization for any conscientious and well-thinking people to be proud of.

Dr. Homan of Missouri, in speaking of overcrowding in cities, says that one of the conditions incident to it is a very

high birth rate; this he attributes to an effort on the part of nature to meet the enormous waste of life, so that a margin may remain to prevent complete extinction, but he protests that the vital and moral quality of offspring thus produced gravely endangers society.

We all know that in cities tenement districts are known to the police officials as nurseries of crime, and are known to the sanitary authorities as breeding places of disease, and it has time and again been demonstrated that overcrowded tenements are foci of epidemic-contagious diseases which when once started cannot be stamped out until they have spread from poor to rich, and from district to district.

Thus it will be seen that natural laws cannot be successfully violated; if the rich and selfish oppress the poor and ignorant, they will surely have their reward, for, if in no other way, they will be rewarded by a visitation of contagious disease directly traceable to the sources above named, and from which they and a whole community cannot escape.

Hence it is a question of vital importance not only to the medical profession, but one which should actively interest the whole community. The laws now on the statute books bearing upon this question, in my judgment, are lamentably deficient, in that they deal only with the patient and his environment, and absolutely fail to apply to those who would and do make such environment possible.

You may build contagious disease hospitals; you may appoint sanitary officers — both of which are highly commendable things to do — but you will never stamp out contagious diseases until some law is passed by which men are restrained from building new or converting old, dilapidated buildings into tenement houses, into which men, women and children are crowded *ad libitum et ad infinitum*, without the least restriction or requirement.

Men who for the sake of the almighty dollar feel called upon to dot the city over with these dens of vice and incubators of disease should be made to

know that they would be held strictly to account for the results of their labor.

My opinion is that if the people fully appreciated the importance of this question, popular sentiment would be so strong against it, that it would take a brave man indeed who would undertake to locate one in any community, whether the inhabitants thereof be rich or poor. Here, then, is the field for practical work on the part of the profession in teaching the rich, poor and ignorant as to their duty in the premises.

If it is proposed to locate a contagious disease hospital, or a hospital for any purpose, in any part of the city, people for squares around will set up a hue and cry as if a wolf were at their very door, although they were equipped with all the latest improvements and manned by the most intelligent physicians and trained nurses.

Yet some irresponsible individual will locate a tenement house in some alley or lane, at the very back gate of some of these people, which would be a thousand times more dangerous, and not one word of complaint is heard from them or those in the immediate vicinity. To what is this due? The only answer is, ignorance.

If the people could be educated up to a point where they could fully appreciate the danger of these pest-houses, their attitude toward them would be different, and I doubt whether one could exist in any community.

I would advise the enactment by the proper authorities of a Public Health Law, as follows: The first section of the act should regulate and prescribe the conditions upon which a permit could be issued for the erection or remodeling of any building which is to be used as a tenement, and the work should be done under the supervision of the health officer and the corporation's engineer and building inspector.

Another section should give the health officer absolute power to prevent the overcrowding in small and badly constructed houses located in either street, lane or alley — a condition so prevalent

in this city today and one which is so fruitful of disease.

Another section should absolutely proscribe, under heavy penalties, the dens of misery, shame and death, known as infant boarding houses, so common in the lanes and alleys of the cities of our State, where infants are taken with the hope, if not almost the tacit understanding, that they are to be starved to death. This section should also make it a crime punishable by heavy fines and imprisonment, for the health officers to permit such houses to continue to exist, or the owners to rent or permit their houses to be used for such purposes, the infants in such cases being, for the most part, the offspring of working women and servant girls who pay paltry sums from their meager salaries for their support.

Another section, in addition to the law now existing which requires physicians to report the existence of contagious diseases, should be enacted, whereby the parent, guardian, or those in charge of the premises upon which contagious diseases exist, should be required, under penalty, to report promptly to the health officer the termination of the disease; upon the reception of such notice the health officer should be required to see that the house or any part thereof which, in his judgment, needs the same, should be properly and thoroughly cleansed and disinfected, and any articles therein contained should be subjected to the process of cleansing and disinfection, or complete destruction. This I consider one of the most important steps in the management and control of contagious diseases. It should, therefore, be done thoroughly and under the direct supervision of a competent physician.

I would therefore urge upon the authorities the importance of having the all-important and responsible positions of sanitary inspectors filled by physicians. It is not only unreasonable, but preposterous, to expect men who know nothing of bacteriology, or the effect of germs upon the system, to scientifically and successfully fill these important positions.

The present method of disinfecting is entirely too crude and commonplace. My opinion is that to properly and thoroughly disinfect a room all paper should be scraped from the walls, if papered, and carefully burned; if not, the walls should be scraped and afterward two coats of whitewash should be applied; the floor, washboards, doors, door frames, windows and window frames should be thoroughly scrubbed with water and concentrated lye, after which a coat of paint or varnish should be applied; all articles of furniture should be painted or varnished and all bed clothing, beds and other articles in the room should be subjected to sterilization by steam.

The law should also provide for an infectious disease hospital; (and I would say in passing that it is a burning shame that the earnest appeals of our faithful and efficient Health Commissioner for such a hospital have been so long disregarded by our municipal legislators;) it should also provide a suitable ambulance by which infectious persons could be transmitted to the hospital.

The law should be so framed that the authorities would have power, with the advice and consent of the family physician, and where it was clearly shown that isolation and disinfection were impossible at home and danger of contamination great, to remove such cases to the hospital, where, if they so desired,

the family physician could follow and continue in attendance upon the patient. This provision of the law, I think, would tend to greatly lessen opposition to it on the part of parent and physician.

In houses where such diseases have existed and the people moving out soon after the convalescence of the patient, the owner or agent should be restrained from renting the premises again until he had obtained a certificate from the authorities showing that the house had been properly disinfected and cleansed.

No auctioneer should be allowed to sell second-hand bedding or bed-clothes without the owner showing a certificate of the health authorities to the effect that no contagious disease had existed in the house from which they came.

It should also be a misdemeanor, punishable by fine and imprisonment, for any owner to sell bedding, bed-clothes, carpets, or any article of clothing to any second-hand dealer or other person, he knowing them to be from a house in which contagious disease did at the time or had recently existed.

It should likewise be a misdemeanor for any person to buy or expose any second-hand article of clothing for sale, without first obtaining a certificate from the health authorities as to their sanitary condition.

As there is to be a paper read before you on School Hygiene, I will not discuss that subject here.

IRREGULAR EATING.

THE editor of the *Medical Record* is a man who notes every-day facts in a very convincing manner. In talking of the Sunday penalty of irregular feeding, he says: An invitation to gastric disorders is issued every seventh day by ninety-nine per cent. of the people of this country. Once in seven days comes our so-called day of "rest"—the day on which the regular meals at morning, noon and night are replaced by a vicious system of late rising and abstinence, followed by gluttony. The gastric secretions know nothing of a seventh day

of rest. They are ready at the customary six-day morning-breakfast time, but no food comes to them and they are absorbed. A second period of the day comes and the same process is repeated, with the additional injury that from two to four hours after the customary meal the stomach is loaded unusually full of food, whereas the secretion is no longer there in sufficient quantity to digest it. The result is the regulation Sunday afternoon discomfort of gormandizing, with the accompanying absence of appetite for the evening meal. What wonder that next day is "Blue Monday!"

Society Reports.

CONFERENCE OF HEALTH OFFICERS OF THE STATE OF MARYLAND.

HALL OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

HELD FEBRUARY 17 AND 18, 1897.

FIRST DAY, WEDNESDAY, FEBRUARY 17.
MORNING SESSION.

THIS first conference of physicians interested either officially or professionally in the promotion of sanitation in Maryland was the outcome largely of the efforts of Dr. John S. Fulton, the new secretary of the State Board of Health. There were present at the opening of the conference about seventy members and visitors representing the Johns Hopkins University and Hospital, the State Board of Health, the City Board of Health, the School Teachers' Association and the School Board of Baltimore. The morning session of the first day was opened at 11.20 by Dr. E. M. Schaeffer, the chairman of the Faculty's Committee on General Sanitation, at whose invitation the conference was held. He called the meeting to order and said: It has long been recognized by statesmen that the consideration of health is worthy of the first thoughts of the people and we are glad to be inaugurating here a meeting that has for its object the promotion of health and which begins under such favorable auspices, with delegates present from every county in the State. We are only too glad to welcome so many from the remote parts of the State and the more remote the more glad we are to see them. We have the co-operation of the Johns Hopkins University, the State Board of Health, the Health Department of Baltimore City, the School Board, the School Teachers' Association and we hope later to receive delegates from the Arundell Club. The question of vital statistics will be brought up for discussion and I will say just here that every one regards such statistics as the basis of sanitary reforms. They are to us as useful as book-keeping to the merchant; in fact,

it might be called sanitary book-keeping. Gentlemen, we shall have as our presiding officer today the Chief Executive of the State of Maryland and I now take great pleasure in introducing to you Governor Lowndes.

Governor Lloyd Lowndes, the honorary chairman, made the opening address, dwelling upon the importance to the State of the new movement for more active public interest in hygienic matters and congratulating Drs. Fulton and Schaeffer and those of the State and city health boards associated with them upon the success of their efforts. The hope was expressed that similar movements for hygienic advance would be undertaken in every county of Maryland. He then presented Dr. William Osler of the Johns Hopkins Medical School, to whom was assigned the address of welcome.

Dr. William Osler: Mr. Chairman and Gentlemen, it is no new thing for the ancient and honorable Faculty of Maryland to take an interest in health matters. If you look through its records for a hundred years you will find that it has always been the trusted adviser of the people of this State in all times of peril. Into the history of the part that has been played by the Faculty in health matters in this State time will not permit us to enter, but I may call attention to the fact that this is not the first conference that has been held under its auspices. From this society we speak in an authoritative manner to the people of the State and here in this hall matters may be discussed in reference to the health of all parts of the State and an organization should be fostered which will be recognized in all the different counties as the highest authority upon vital statistics and health.

It seems to me there are three or four things in which we should attempt to guide the public. The first is the re-organization of the State Board of Health; an organization on a basis that should have the counties as an essential element, so that in each county there should be a paid official of the State Board of Health, an officer not of

the county only, but of the State, and who should be paid by the State to take charge in his district of all matters relating to vital statistics and to health. An organization of that kind is really the ideal plan towards which we should work, but we cannot get it without first educating the public. There is no use in going to the legislature until we first go to the people and the people through the State should see that their representatives are fully made aware of matters relating to health and vital statistics.

The second relates to the lunacy laws. When I say that there are nearly five hundred insane people in the almshouses and jails of this State, I add that it is a reflection upon the intelligence of the people of Maryland. I say that because it is recognized the world over, that insane people must be taken charge of by specialists and must not be herded together in jails and almshouses. They are the children of the State and should not be cared for by the ordinary physician, who may be able to treat typhoid or scarlet fever well enough, but has no idea how to treat special diseases of the brain. I make no reflections upon the almshouses of this State, but I say that no physician who has not had special training is capable of treating lunacy properly. I might say also that it would save thousands of dollars to the State if all the insane were properly treated by specialists.

The third point is in relation particularly to the health of Baltimore. Baltimore needs a great deal, but it needs first proper milk inspection. In this city of half a million people we have no control over our milk supply. It is an essential element of the health of this city that the State and city health boards should have an active control in the inspection of every dairy that sends milk to Baltimore.

Another important thing is a hospital for infectious diseases. That is recognized as a necessity in every city and it will come here in course of time. A more important matter is the proper control of our water supply and that must be had at the earliest possible

moment. These questions may be discussed here and they will engage the attention of the Faculty for the next few years.

Dr. S. C. DeKrafft of Cambridge, President of the State Board of Health, then responded to the Address of Welcome. He claimed that lack of funds was the cause of the previous incompleteness of the statistical records of the Board and regretted the defectiveness of State laws, which permitted much loss of life that might be prevented. He hoped that this Conference may be fraught with great benefit to the State.

Dr. John S. Fulton of Baltimore then read a paper on VITAL STATISTICS. (See page 347.)

Dr. Charles L. Mattfeldt of Catonsville also read a paper on VITAL STATISTICS. (See page 367.)

Mr. Charles B. Rogers of Towson opened the discussion of the morning's papers. He thought that in securing reports of infectious diseases, public school teachers, apart from the doctors, should be required to send in to the School Commissioners monthly reports of all the cases of contagious diseases coming to their knowledge through association with the scholars (occurring in the scholars' homes or affecting the scholars themselves). The School Board should then communicate with the Health Board, coöperating with it for the public good.

Dr. F. H. Thompson of Annapolis thought that physicians did not send in reports because they were not paid for them. When he could get timely notices from epidemics he had several times succeeded in checking the epidemics.

Dr. A. K. Bond thought that more confidence in the health officer was needed. He spoke of the necessity for having physicians as inspectors and related his experience with drunken and ignorant inspectors.

Mr. H. G. Weimer of Cumberland, Public School Examiner for Allegany Co., said he had come two hundred miles to attend this Conference through his interest in the welfare of the nine thousand children who had

been committed to his care in recent years. All advance in domestic and school hygiene and in the control or prevention of infectious diseases works for the welfare of the children. He spoke later of the injustice of fining the county school teacher ten dollars for every unvaccinated pupil admitted. It sometimes deprived her of her living (so many families objected to the vaccination); yet the children continued as before unvaccinated, no effort being made directly to vaccinate them.

In reply to the statement of Dr. J. H. Billingslea of Westminster, Md., that the physician should be compelled to simply hand a blank report to the householder to fill up, because other physicians, jealous of him, would unfairly criticize any report he himself should send in—

Dr. August Stabler of Brighton, Montgomery Co., said that in country districts the householders were, many of them, incapable of filling out such a report in a manner satisfactory to the health authorities.

Dr. A. K. Bond then related a case in which the stools of a typhoid patient were thrown out and carried into Lake Roland to be distributed to the people of Baltimore.

Dr. T. A. Councill, health officer of Easton, said that the school teachers of Easton willingly reported to him cases of infectious disease. He thought that Easton would greatly advance in health matters.

Dr. W. J. Todd of Mt. Washington said that he also found the public and private schools very ready to coöperate with him in these matters, even to the extent of inspecting their throats for possible diphtheria in cases of epidemics.

Dr. E. T. Bishop, Smithsburg, said that he had found that his explaining to the family in the mountains that a case of disease was smallpox was followed by the community dispensing with his services during the duration of the case. The less publicity given to the diagnosis of such a case the better if the doctor wished to make a living out of medicine.

Mr. Charles Hartshorn of Brighton,

Montgomery Co., gave a description of the very satisfactory working of the local Board of Health of Olney District, at the quarterly meetings of which each member reported on the health of his neighborhood. A summary of these reports was then sent to the State Board of Health. He thought local boards of health were very desirable all over the State, and should be encouraged or established by our State board. Physicians would not hesitate to report to such a local board, while they would hesitate to make these matters more public. He thinks these local boards should be organized by districts, rather than by counties. In regard to the need of burial laws in the counties, he told of cases where, among the ignorant, even after warning of the danger from the physician, the parents had had large funerals with open coffins in diphtheria cases.

Dr. J. McP. Scott of Hagerstown spoke of the need of carrying out of vaccination in the county schools. He, as health officer, was determined to enforce the law, however great hardships it worked to teachers. He considered that the report of a physician that he had vaccinated, when he did not know whether the vaccine took or not, was useless.

Mr. Charles B. Rogers of Towson said previous vaccination of children must be reported and sworn to by teachers, in Baltimore county. He wished to know if the law could compel a child to be revaccinated after years; otherwise, was the child really protected?

Dr. Scott of Hagerstown thought the teachers were there for the purpose of teaching the children, not of examining scars or inspecting throats.

Dr. Owings of Ellicott City thought the subject of vaccination was very important. He thought vaccine physicians should go to the schools, vaccinate arms destitute of proper scars, and at a subsequent visit inspect those arms to see whether they had "taken."

Dr. W. A. Duvall of Baltimore favored local health boards, with paid medical inspectors of schools.

Dr. C. G. Stuart of Oxen Hill asked

who was to carry out (and enforce the penalty of) the State law requiring vaccination of all children under eighteen months of age. He thought the answer was, "a local State board." As local health officer he insists on the householders carrying out the law. He finds that when he writes to the State vaccine physician for virus he cannot get it. So other county physicians must be handicapped by lack of good vaccine.

The discussion was continued for quite a time, the members of the conference and numerous visitors to whom the courtesy of participation was extended manifesting the liveliest interest in the sanitary matters brought forward. A member, Dr. Mattfeldt, suggested that it would be well for the State Board to send suitably arranged record books for enumeration of infectious disease treated to those physicians in the counties who would consent to use them. From this source semi-annual statistics of value might be obtained.

Medical Progress.

PICRIC ACID IN BURNS. — D'Arcy Power, M. D., F. R. C. S., gives to the *British Medical Journal* his method of using picric acid in the treatment of superficial burns and scalds as follows:

The solution of picric acid is made by dissolving a drachm and a half of picric acid in 3 ounces of alcohol, which is then diluted with two pints of distilled water, or more accurately: Picric acid, 5 g.; alcohol, 80 g.; dissolve; add 1000 g. of distilled water. This is a saturated solution of picric acid.

The clothing over the injured part should be gently removed and the burnt or scalded portion should be cleaned as thoroughly as possible with a piece of absorbent cotton wool soaked in the lotion. Blisters should be pricked and the serum should be allowed to escape, care being taken not to destroy the epithelial surfaces. Strips of sterilized gauze are then soaked in the solution of picric acid and are so applied as to cover the whole of the injured surface. A thin layer of absorbent cotton wool is

put over the gauze and the dressing is kept in place by a light linen bandage. The moist dressing soon dries and it may be left in place for three or four days. It must then be changed, the gauze being thoroughly well moistened with the picric acid solution, for it adheres very closely to the skin. The second dressing is applied in exactly the same manner as the first and it may be left on for a week.

The great advantages of this method of treatment are: First, that the picric acid seems to deaden the sense of pain; and, secondly, that it limits the tendency to suppuration, for it coagulates the albuminous exudations and healing takes place under a scab consisting of epithelial cells hardened by picric acid. A smooth and supple cicatrix remains, which is as much superior to the ordinary scar from a burn as our present surgical scar is superior to that obtained by our predecessors, who allowed their wounds to granulate.

I have used this method for more than a year in hospital practice both amongst out-patients and in-patients and I have every reason to be thoroughly satisfied with the results I have obtained. It is not an ideal method, for it stains the clothes and discolours the hands of the surgeon, but it is a great improvement upon anything else I know of.

* * *

MAL-PRESENTATIONS. — A physician, writing to the *Medical Brief*, gives the following unique account of this method of correcting the faulty position of a fetus:

Ten years ago I was called hastily to the bedside of a woman who had been in hard labor over ten hours. A mal-presentation of the child was discovered by the attending physician, who was a young and rather inexperienced man. On arrival at her bedside I discovered the left shoulder, neck and part of the side had been forced down and out of the vulva by the severe pains. In this extremity I had to do something immediately to remedy the disastrous state of affairs. The simplest thing I could think of or suggest was to put the woman on a door, lower her head and raise

her feet almost to standing her on her head. With assistance of the doctor and two women I held her in this position nearly half an hour; gave her several doses of lobelia and gelsemium to relax all the muscles; with my hands manipulated the abdomen and the mal-presenting parts. After a while I found the whole presenting parts had re-entered the uterus, which latter, by force of gravity, had passed up into the abdomen. I then by degrees laid her horizontally, finally returned her to bed, and in an hour more the head presented under returning pains. The child was delivered safe and sound. Here is a pointer not to be slightly passed by.

* * *

GONORRHEAL ARTHRITIS.—In the *Bulletin of the Maryland University Hospital*, Dr. John S. Fulton gives a clinical lecture on this subject in which he says that gonorrheal arthritis is in no sense a rheumatism and the expression is a bad one. The inflamed joint is related more to the gonorrhea than to the rheumatism and the misnomer is misleading. True rheumatism attacks several joints at once or successively and the joints will get well about in the order in which they were attacked, while gonorrheal rheumatism usually begins in one joint and though others may be attacked the first joint usually continues painful. The knee or ankle is affected by preference. In gonorrheal rheumatism the urine and the skin are not affected, while they are in ordinary rheumatism; heart complications are rather common after inflammatory rheumatism, while after gonorrhea the heart is not often attacked, although we now find that it is more often affected after gonorrhea than was formerly believed. Gonorrheal rheumatism is more protracted and more obstinate but less painful than ordinary rheumatism. Women may have gonorrhea with little discomfort and in the same way a gonorrheal rheumatism in women may be overlooked. The gonococcus is found in the serous effusion in the joint. Ankylosis may follow a bad case of gonorrheal rheumatism. The

prognosis is usually good. Treatment amounts to little. The salicylates are of no use. Morphia should be used if the pain is bad.

* * *

FORMALDEHYDE.—Von Hoffman discovered formaldehyde in 1868 by passing the vapor of wood alcohol mixed with air over finely divided platinum or copper. It has recently been put to practical use.

The subject has been carefully studied of late by Passed Assistant Surgeon, U. S. M. H. S., J. J. Kinyoun, and his work is published in the *Public Health Reports*. First experiments were tried on cultures. Ordinarily formaldehyde solutions exposed to the air will penetrate all parts of a small space, but in a large room a certain quantity of gas and vapor was lost and the liquid becoming condensed by evaporation, a yellowish-white amorphous powder is the result.

By using a bell-jar and a vacuum apparatus more of the gas could be obtained. When the gas thus formed was liberated it was very penetrating and effective. Without going into detail it may be said that Dr. Kinyoun devised an apparatus by which rooms, shipholds and almost every kind of article could be disinfected thoroughly in a short time and with no risk or danger. The production of formaldehyde is so inexpensive and it is such a valuable germicide that it will probably be generally used in the future instead of sulphur fumes.

* * *

PARALYSIS OF THE ULNAR NERVE FROM CYCLING.—Destot (*British Medical Journal*), after a long bicycle ride, suffered from paresthesia of the ring and little finger and loss of sensation to puncture and to touch, as well as paresis of the interossei, lumbricales and adductor muscles. These effects were due to pressure of the nerve branches between the handle of the bicycle and the pisiform bone. The author believes that the obliquity of the handle bar was the chief cause; for this reason he suggests a strictly transverse bar, as the pressure then is thrown on the deeper and better protected parts of the hand.

MARYLAND Medical Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, MARCH 6, 1897.

WHILE the normal body temperature is said to be about $98\frac{2}{5}^{\circ}$ F. it does not remain at that point during the *The Hour of Death*. whole twenty-four hours, but there is a normal curve of health showing that sometimes during the day the temperature may be below and in some it is above that point. The balance between heat production and heat loss in a healthy individual is so well maintained that within these narrow limits the temperature varies very little whether the individual be in a cold or a warm room, indoors or out. There seems to be also times in the day when the body possesses a lowered vital resistance beyond that of other times.

In this connection, a writer in the *British Medical Journal* has tried to collect some statistics on the hour of death and while they may have little practical value, still they are of interest. Taking 1000 deaths in an institution and drawing deductions from these, this investigator found that the greatest rise in the death rate was between five and seven in the morning for men, while for women the most fatal hour was between six and seven

in the evening, but among the women there was not that preference for any fixed time so well marked as among men.

The experience of many persons in private practice and in hospital would tend to show that the hour of death occurred most usually an hour or two after midnight and about six in the evening. There, therefore, must be some reason aside from the disease itself to bring about these facts and most certainly it would show that the time of least vital resistance corresponds most nearly to the hours when death is said most frequently to occur.

From this, little may be learned except that the invalid should be watched especially at these periods of the day and by rest and nourishment be tided over such depressing periods.

A PHYSICIAN'S work is naturally unselfish and a conscientious man is often too ready to forget himself for others. Dr. John W. Teale gives a few hints in the *British*

Medical Journal to medical men on the preservation of their health. He thinks there are many things which are certainly conducive to a physician's success and one of these is a power of concentration with a command of temper.

Even very ill persons notice when the physician does not treat all their complaints or hear their questions and they naturally do not like lack of attention. Again, when the physician is tired out and unstrung he is naturally often irritated by the patient's querulous complaints.

Now to be able to come up to the standard in these two requisites, a simple, healthy life with exercise is necessary. To keep in health it is not necessary to devote a large part of each day to physical exercise, but ten minutes a day on rising or retiring with light dumb bells will accomplish wonders. Regular meals, if possible, and if not, then a light soup is refreshing at odd times. Stimulants, except on rare occasions, are unnecessary. They too often lay the foundation for a tippling physician, who soon loses his practice and the respect of the community. A cold bath in a warm room is a great invigorator. The underclothing should not be too heavy. It is also recommended that the teeth be

looked after, for an aching tooth is sure to ache harder when the person is most wearied.

Physicians, as a rule, do not take care of themselves. They say, "Do as I say and not as I do." Eating late at night is absolutely necessary if there is great fatigue. It is hard to lay down a fixed rule for everyone, for "what is one man's meat may be another man's poison," but as a rule, physicians can and should look after their own health for the sake of their dependent families, if not for themselves.

EVERY physician of experience knows the difficulty of determining the nature of an eruptive fever before the eruption is well out upon the skin. Yet it is but reasonable to expect that with the advance of medicine clinical investigation will render it possible for the expert to identify these diseases at a period at least as early as the beginning of infectiousness. For this end it is evident that extreme precision of study will be necessary.

That these fevers have rashes in the mouth and throats is well known, and many are aware that these mouth and throat rashes often precede the eruption upon the skin by half a day or more, thus aiding in the diagnosis of certain difficult cases. Heretofore, however, the existence of this rash on the mucous membrane has been used chiefly in the distinction of local or general skin eruptions from those of eruptive fevers.

In the *Archives of Pediatrics*, December, 1896, Dr. Koplik of New York attempted to show that there is in measles a mouth eruption, preceding by a day or more the skin eruption; that it is found in measles alone and has very definite characteristics. It is not located in or about the fauces, which are more or less congested and red-spotted in many sorts of fever. It is located only on the mucous membrane of the lips and cheeks. It consists of small, bright-red spots, in the center of each of which strong daylight reveals a minute bluish-white speck. There may be as few as six of them or they may cover the whole inner surface of lips and cheeks.

This eruption appears in the first twenty-four or forty-eight hours of the stage of invasion and lasts several days. By the time the skin rash is well-marked these isolated

spots of red have been submerged in the general tide of redness which has spread from the fauces over the whole mouth, while the bluish-white dots still persist.

Dr. Koplik has not found the spots in rubella (German measles), scarlatina or influenza. Aphthae are less red, lack the bluish-white speck and get yellow in the center. Muguet spots are white, not bluish-white. Dr. Koplik has (if his observations can be endorsed by further study) not only given a most valuable diagnostic contribution but taught a lesson in minute observation.

BECAUSE the house surgeon in a hospital in Williamsburgh, New York, charged the widow of a patient a fee of twenty-five dollars for filling out a certificate by which she was enabled to recover insurance on her late husband's life, the executive committee of the hospital was aroused to investigate. This is a question which belongs as a side issue to the dispensary and hospital abuse question.

Those who take no interest in, or know nothing of, this question, or who are independent of hospitals, always uphold any charity for the help of the poor without considering whether it is actual help or whether it is pauperizing the poor patients and perhaps taking practice from poor physicians. It has always been a custom in most hospitals and even in the almshouses to make a charge to a patient's family for signing any papers by which the beneficiaries of that patient obtain money, and why a board of hospital trustees should take time to consider that question is not easy to see.

There seems to be a desire on the part of some to pay all persons connected with any institution except the medical staff, which is supposed to do its work for nothing and be glad to have the opportunity to contribute that much to charity. The sooner this idea is dispelled the better for the profession and perhaps for the people.

When a man makes a charge for a service rendered and there is money to pay and the demand is followed up by payment, he usually obtains more respect than the one who gives his services away and thus belittles his work. Let physicians be charitable where such charity is deserving, but let them not fail to stand up for their own rights.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 27, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		24
Phthisis Pulmonalis.....		14
Measles.....		
Whooping Cough.....	4	3
Pseudo-membranous Croup and Diphtheria. }	17	1
Mumps.....	4	
Scarlet fever.....	18	
Varioloid.....		
Varicella.....	1	
Typhoid fever.....	1	1

Georgetown University will soon have a model hospital.

Dr. Robert H. Power died at Newport News last week, aged 73 years.

College Day at the Woman's Medical College was a grand success.

The Maryland Public Health Association will hold two meetings a year.

Washington is taking steps to prevent a pollution of her water supply.

The police of Baltimore are enforcing the sweat shop law and arresting the violators.

The District of Columbia will have over \$100,000 appropriated for a site for a contagious hospital.

Dr. Henry Hartshorne, a graduate of the University of Pennsylvania in 1848 and formerly of Philadelphia, died recently at the age of 73.

The County Medical Association of New York had a special meeting last week to consider the important subject of hospital and dispensary abuse.

A society is being organized in New York for the purpose of testing the efficacy of music as an aid in the treatment of certain diseases.

Dr. H. B. Bibble, Sr., a well-known physician of Blacksburg, Virginia, died last week at the age of ninety-two. He practiced until a few years ago.

The Medical Association of the District of Columbia is waging war on dispensary and hospital abuse.

The successor of DuBois-Reymond in the chair of physiology at the Berlin University will probably be either Professor Munk of Berlin, or Professor Kühne of Heidelberg.

The Berlin Medical Society, on January 6, unanimously re-elected Professor Virchow as President. Professor Virchow opened the meeting with a speech in memory of Dr. Du Bois-Reymond.

Dr. Alexander C. Abbott, professor of hygiene in the University of Pennsylvania, has been appointed chief of the bacteriological division of the Philadelphia bureau of health in succession to Dr. B. Meade Bolton, resigned.

Dr. C. L. Mattfeldt, sanitary officer for Catonsville and vicinity, has written to the Commissioners offering to inspect all the schoolhouses in the First district and also to see that the children attending the schools are successfully vaccinated.

According to the *Medical News*, Dr. Osler of the Johns Hopkins University read a paper before the New York County Medical Society on Monday evening, February 22, on the "Diagnosis of Malarial Fever." During his remarks in the discussion that followed, he made the somewhat startling assertion that death from malaria in the region north of Mason and Dixon's line is almost unknown.

The Baltimore Medical Association has elected the following officers for the coming year: President, Dr. James E. Gibbons; First Vice-President, Dr. W. A. B. Sellman; Second Vice-President, Dr. J. T. King; Recording Secretary, Dr. Eugene Lee Crutchfield; Corresponding Secretary, Dr. C. Urban Smith; Executive Committee, Dr. Joseph T. Smith, Dr. W. E. Wiegand and Dr. J. L. Ingle.

Passed Assistant Surgeon H. D. Geddings, United States Marine Hospital Service, was appointed by the President on February 8, 1897, technical delegate on the part of the United States to participate in the sanitary conference at Venice, Italy, and to aid and advise the representative of the United States in attendance thereon. Dr. Geddings sailed for Liverpool, en route to Venice, on February 13, 1897.

Book Reviews.

MINOR SURGERY AND BANDAGING. By Henry R. Wharton, M. D., Demonstrator of Surgery in the University of Pennsylvania. New (3d) edition. In one 12mo. volume of 594 pages, with 475 engravings, many being photographic. Cloth, \$3.00. Philadelphia: Lea Brothers & Co. 1896.

This practical little work, which has reached its third edition in a few years, is written in a way to commend itself to the profession. Not only have many additions with a careful revision been made, but the operation parts have been much enlarged. All the descriptions and directions are brief but clear. One of the greatest helps is the illustrations, which are 475 in number in a book of not 600 pages, with every operation and procedure clearly illustrated. The book is to be recommended.

The Bulletin of the Pasteur Institute is the new name for the *Therapeutic Review*, edited by Dr. Paul Gibier and published by the Pasteur Institute. This number contains several articles, specially one on a "Proposed Hospital for Physicians Affected with Tuberculosis of the Lungs." In the report on the patients treated at the Institute in 1896, Dr. Gibier, in speaking of the fatal cases from Baltimore, says that "not one of the above recorded deaths can be accounted as a failure of the Pasteur treatment, inasmuch as the symptoms of the disease made their appearance less than fifteen days after the patients had left the institute."

MESSRS. J. B. LIPPINCOTT COMPANY announces a second edition of a Clinical Gynecology in one volume by the late Dr. John M. Keating and Dr. Henry C. Coxe. Price \$6, \$7 and \$8, according to binding, with about 1000 pages. Among the chapters is one on Genital Tuberculosis, by Dr. John Whitridge Williams of Baltimore, and one on Methods and Preparations for Operations; General Operative Technique, by Dr. Hunter Robb of Cleveland.

REPRINTS, ETC., RECEIVED.

An Improved Surgical Bed. By August Schachner, M. D., Louisville. Reprint from *Annals of Surgery*.

Gonorrhea; Its Ravages and Its Prophylaxis. By Albert A. Burr, Ph.B., M. D., Chicago. Reprint from the *Chicago Medical Recorder*.

Current Editorial Comment.

ENDORSEMENTS

Kansas City Medical Record.

ENDORSEMENTS of the medical profession regarding the efficacy of drugs, mineral waters and kindred remedies have become disgustingly epidemic, the less the value the greater the need of support, and it is obtained without regard to the actual value as a therapeutic agent. Physicians should be exceedingly cautious in these matters and favor no remedy that by long trial has not given good satisfaction in practice.

TEACHING AND EXAMINING.

The Lancet.

WE have again and again raised a protest against the present system of teaching and examining as being responsible for the marked decline in the amount of time given by the medical student in late years to the practical work of the professional curriculum. The period of study has been lengthened, but we see no evidence of an increased attention to those practical subjects which form the bedrock on which his subsequent daily work must be founded. Scientific subjects are allowed to increase daily and to encroach more and more on the time which should be spent in the dissecting-room, the laboratories, and the wards and out-patient rooms of the hospital.

CAUSES OF DEATH.

Medical Examiner.

THE facility and accuracy with which physicians who are called in cases of sudden death diagnose the cause of death is a source of wonderment to the suffering public. The worst of it is that everything goes when the doctor hath said it. There are three causes of death which are seldom questioned; heart disease, apoplexy, and when the doctor wishes to be particularly learned, heart failure. It is seldom that a person dies who does not have heart failure. The question is, could the heart do anything else than fail if the party died? The fact is that without an autopsy, and in some cases a chemical analysis, it is next to impossible to state with accuracy the cause of sudden death. Often the snap judgment on the part of the physician is a bit of professional presumption. A decision of this kind should never be made without a deliberate investigation or consideration, and after a post-mortem if necessary.

Publishers' Department.

Society Meetings.

BALTIMORE.

- BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.
- BOOK AND JOURNAL CLUB OF THE FACULTY. Meets 2d and 4th Wednesdays, 8 P. M.
- CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. S. K. MERRICK, M. D., President. H. O. REIK, M. D., Secretary.
- GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. WILMER BRINTON, M. D., President. W. W. RUSSELL, M. D., Secretary.
- MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. W. S. GARDNER, M. D., President. CHAS. F. BLAKE, M. D., Corresponding Secretary.
- MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.
- THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. Meets 2d Mondays of each month at 8 P. M.
- THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P. M.
- THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.
- MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.
- UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

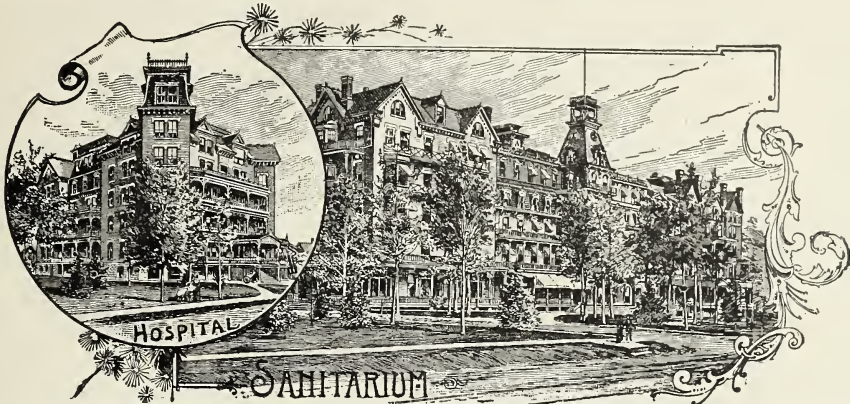
- CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. HENRY B. DEALE, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. H. HOLDEN, M. D., Recording Secretary.
- MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 2d Monday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.
- MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON, M. D., Secretary.
- MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. S. S. ADAMS, M. D., Recording Secretary.
- WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. M. H. ANDERSON, 1st Vice-President. MRS. MARY F. CASE, Secretary.
- WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. W. F. BRADEN, M. D., Secretary.
- WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

It is announced that about March 10, Warner's Pocket Medical Dictionary will be ready for distribution. It will contain 300 pages, size $6\frac{1}{2} \times 4$. The cost to physicians will probably be seventy-five cents a copy. The work will comprise about 10,000 definitions, and will be especially adapted to the use of students and busy practitioners. The publishers are the well-known pharmaceutical chemists, William R. Warner & Co., of Philadelphia.

JNO. C. LEVIS, M. D., West Bridgewater, Pa., says: I have used Celerina in my own case for insomnia. Among all the hypnotic preparations and nerve tonics, it stands justly preëminent. Several persons are now using it and report that no preparation has given such permanent and prompt relief. In a general practice of more than half a century, this is perhaps the first public testimony I have offered. Celerina is the very best nerve tonic now offered to the profession and can not be too highly recommended. To those wanting a nerve stimulant it will be just the remedy.

PRIZE OFFERS TO PHYSICIANS.—Messrs. A. G. Spalding & Bros. are advertising extensively in the medical publications the Christy Anatomical Saddle. The Christy is the pioneer in the anatomical saddle line, and Messrs. Spalding firmly believe they have without question the best bicycle saddle on the market. In order to get from the medical profession their ideas on the Christy Saddle, they make the following offer: They would like to receive from physicians an advertisement setting forth the good points of the Christy Saddle, showing the pelvis bones on the two saddles as used in all Spalding advertisements, and not to occupy a space of more than a half a page, magazine size; the competition to close April 15. First prize, \$50 in cash; second prize, \$25 in cash; third prize, \$10 in cash. For every individual advertisement accepted and used one Christy Saddle will be sent to the physician submitting the same. All communications and copies of advertisements submitted must be sent to the American Sports Advertising Agency at 241 Broadway, New York City, and at the sender's risk. Under no circumstances will advertisements be returned.



The Battle Creek SANITARIUM

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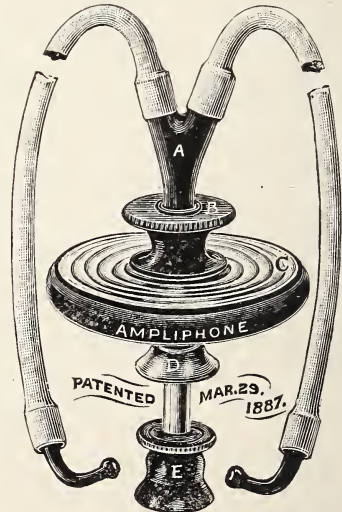
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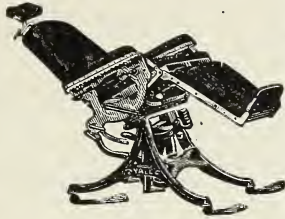


Fig. V—Semi-Reclining.

- 1st. Raised by foot and lowered by automatic device.—Fig. I.
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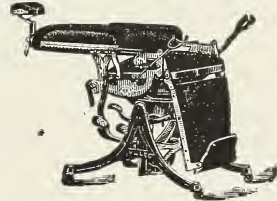


Fig. XVII—Dorsal Position.

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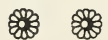
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